

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Stanten C. Spear et al.**
TITLE: **DEFLECTABLE MEDICAL THERAPY DELIVERY DEVICE HAVING COMMON LUMEN PROFILE**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 323 972 047 US, on this 5th day of September, 2003.

MOLLY CHLEBECK

Printed Name

Molly Chlebeck

Signature

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 28 (including claims and abstract: Spec. 18 sheets; Claims 9 sheets; Abstract 1

X Drawings:

Total sheets: 15

☐ formal ☒ informal

☒ **Combined Declaration and Power of Attorney:**

☒ executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

☐ Notification of filing a

☒ Assignment of the Invention to Medtronic, Inc.

☒ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation No. ☐ Divisional ☐ Continuation-in-part (CIP) of prior application

☐ Amend the specification by inserting before the first line the sentence: --This application is a _____ of application Serial No. _____, filed _____, now allowed.--

☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: _____

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.


X Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	43	20 =	13	x 18	\$234.00
Independent Claims	3	3 =	0	x 84	\$0.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$750.00
				TOTAL	\$984.00

X Charge Deposit Account No. 13-2546 in the amount of **\$984.00** (\$234.00 for the extra claims fee and \$750.00 for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

September 5, 2003
Date



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